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APPLICANTS

Norman W. Robson, Hopewell Junction, NY;

Teresa J. Wu, Pleasant Valley, NY;

** CONTINUING DATA ***** NONE, NMD

** FOREIGN APPLICATIONS ***** NONE, NMD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials NMD	

ADDRESS

32074
 INTERNATIONAL BUSINESS MACHINES CORPORATION
 DEPT. 18G
 BLDG. 300-482
 2070 ROUTE 52
 HOPEWELL JUNCTION, NY
 12533

TITLE

USING A PARTIAL METAL LEVEL MASK FOR EARLY TEST RESULTS

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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